

L10000043810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

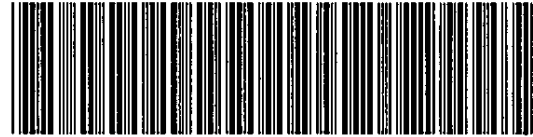
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300264722143

09/29/14--01016--001 **25.00

FILED
2014 SEP 29 PM 1:43
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

OCT 02 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HIGH IMPACT ADVERTISING, LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISSAC ROSA

Name of Person

HIGH IMPACT ADVERTISING, LLC

Firm/Company

408 EMPRESS LANE

Address

CHULUOTA, FL 32766

City/State and Zip Code

SUPPORT@HIASHOP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISSAC ROSA

Name of Person

at **407 538-5246**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2014 SEP 29 PM 1:43

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HIGH IMPACT ADVERTISING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 23, 2010 and assigned
Florida document number L10000043810.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

408 EMPRESS LANE

CHULUOTA, FL 32766

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

408 EMPRESS LANE

CHULUOTA, FL 32766

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ISSAC ROSA

New Registered Office Address:

408 EMPRESS LANE

Enter Florida street address

CHULUOTA

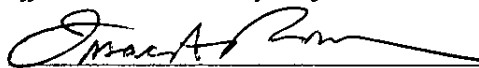
City

, Florida 32766

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CRAIG FINLAY	1701 KENNEDY POINT	☐ Add
		SUITE 1009	☒ Remove
		OVIEDO, FL 32765	
MGR	ISSAC ROSA	408 EMPRESS LANE	☒ Add
		CHULUOTA, FL 32766	☐ Remove
MGR	JEFF MELNICK	408 EMPRESS LANE	☒ Add
		CHULUOTA, FL 32766	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2016 SEP 29 PM 1:49
FILED
CLERK OF DISTRICT COURT
JANUARY 1, 2017
ADD REMOVE

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 26, 2014



Signature of a member or authorized representative of a member

JEFF MELNICK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 SEP 29 PM 1:43
CLERK OF STATE
TALLAHASSEE FLORIDA